

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

Street Address

City, State and Zip Code

*Schroeder For Assembly  
1295 N. Lake St.  
Neenah, WI 54956*

GAB ID Number: *0105017*

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**REPORT PERIOD**

☐ January Continuing ☐ Pre-Primary ☐ Spring ☒ Fall ☐ Special ☐ Termination Report  
☒ July Continuing ☒ Pre-Election ☐ also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>4618.75</i>	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>4618.75</i>	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ <i>5173.82</i>	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>5173.82</i>	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>1779.16</i>
Total Receipts	\$ <i>4618.75</i>
Subtotal	\$ <i>6397.91</i>
Total Disbursements	\$ <i>5173.82</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>1224.09</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>JAN. Schroeder</i>	Signature of Candidate or Treasurer <i>J. Schroeder</i>	Date: <i>8/6/12</i> Daytime Phone: <i>720-450-7591</i>
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NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats.  
ss.11.60, 11.61, Wis. Stats.  
GAB-2S (Rev. 12/09)

Form prescribed by the Government A  
608-266-8005.



0105017-105

s of

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (If year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
7/3/12	Robert Griesser 4608 Grand Meadows Dr Appleton WI 54914 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	Retired	50.00	
7/12	Mark C. Vanderveen 215 Clairmont Court Neenah WI 54956 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		50.00	
7/13	Ben Gantner 6030 County Rd A Oshkosh WI 54901 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	Gantner Construction 4825 County Highway Oshkosh 54901	238.75	
7/19/12	Jay Schroeder ON File Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	ON File	2000.00	7000.00
7/19	Fred KAN 316 Thomas Ct Neenah WI 54956 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		30.00	
7/19	Greg Lipovac 2302 Southwood Drive Appleton, WI 54915 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	Home Depot Grand chyle WI	250.00	
7/24/12	Jay Schroeder Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	ON File	2000.00	9000.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 4618.75

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 4618.75

Complete Committee Name

Schroeder For Assembly

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/3/12	Minute Man Press 2448 W. College Ave Appleton WI 54914	Fliers	493.96
7/12/12	Menards Grandchute WI	stakes	53.27
7/12/12	Postmaster	postage	46.50
7/15/12	Victory Enterprises	consulting	350.00
7/16/12	Minute Man Press	Fliers	268.20
7/17/12	Menards	stakes	48.77
7/12/12	JAY Schroeder	re-imburse for signs	1702.12
7/22/12	Winnebago Republican Party	AD	250.00
7/20/12	Mailhaus 1745 S. Courtois Dr. De Pere WI 54115	Postcard	1961.00

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 5173.82

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$ 5173.82

**SCHEDULE 2-A**
**DISBURSEMENTS  
Gross Expenditures**

 Page 1 of 2

Complete Committee Name

Schroeder For Assembly

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/27/12	Rick Gudek for Senate  Check if: <input type="checkbox"/> In-Kind Offset	DONATION	100.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

 \$ 100.00

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$